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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *MRE*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *MRE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 05/26/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Morgan R. Chubij</i> Examiner's Signature	<i>MRE</i> Initials			

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## TITLE

Mobile disinfection apparatus

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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